

111TH CONGRESS
2D SESSION

S. 3796

To establish community health improvement councils and State health improvement technical assistance center grants.

IN THE SENATE OF THE UNITED STATES

SEPTEMBER 16, 2010

Mr. BAYH introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To establish community health improvement councils and State health improvement technical assistance center grants.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Health Im-
5 provement Councils Act of 2010”.

1 **SEC. 2. COMMUNITY HEALTH IMPROVEMENT COUNCILS**
 2 **AND STATE HEALTH IMPROVEMENT TECH-**
 3 **NICAL ASSISTANCE CENTER GRANTS.**

4 Part P of title III of the Public Health Service Act
 5 (42 U.S.C. 280g et seq.) is amended by adding at the end
 6 the following:

7 **“SEC. 399V-5. COMMUNITY HEALTH IMPROVEMENT COUN-**
 8 **CILS AND STATE HEALTH IMPROVEMENT**
 9 **TECHNICAL ASSISTANCE CENTER GRANTS.**

10 “(a) IN GENERAL.—The Secretary shall establish a
 11 program for the creation of State Health Improvement
 12 Technical Assistance Centers and Community Health Im-
 13 provement Councils.

14 “(b) STATE HEALTH IMPROVEMENT TECHNICAL AS-
 15 SISTANCE CENTER GRANT PROGRAM.—

16 “(1) IN GENERAL.—The Secretary shall award
 17 grants, on a competitive basis, to 5 eligible entities
 18 for the purpose of establishing State Health Im-
 19 provement Technical Assistance Centers designed
 20 to—

21 “(A) improve individual and community
 22 health status, especially in communities and re-
 23 gions with poor health status performance;

24 “(B) slow annual growth in health care
 25 utilization and medical spending;

1 “(C) coordinate best practices among net-
 2 works of local coalitions that result in acceler-
 3 ated locally driven issue identification and cre-
 4 ative ways to align improvement efforts with
 5 payment reforms;

6 “(D) partner with the Agency for
 7 Healthcare Research and Quality to design and
 8 produce the annual report of such agency on
 9 health care quality;

10 “(E) serve as a resource to communities to
 11 provide assistance in identifying reliable na-
 12 tional resources and research tools to promote
 13 health, improve health literacy, and accelerate
 14 the diffusion of innovations to improve health
 15 outcomes;

16 “(F) partner with organizations to design
 17 and implement locally driven payment innova-
 18 tions to improve quality and productivity; and

19 “(G) educate State policymakers on the
 20 benefits of locally driven community health im-
 21 provement councils that engage community
 22 stakeholders, including small businesses, local
 23 governments, faith leaders, civic leaders, and
 24 consumer advocacy representatives.

25 “(2) ELIGIBILITY.—

1 “(A) IN GENERAL.—To be eligible to re-
2 ceive a grant under this subsection, an entity
3 shall be—

4 “(i) a private nonprofit entity with a
5 governing board comprised of $\frac{1}{4}$ consumer,
6 faith, minority, nonprofit and charitable
7 organization, philanthropic, and civic lead-
8 ers; $\frac{1}{4}$ purchasers of care, including em-
9 ployers, unions, and insurers; $\frac{1}{4}$ local gov-
10 ernment officials, including mayors, county
11 commissioners, State legislators, and pub-
12 lic health officials; and $\frac{1}{4}$ private health
13 care leaders and experts; or

14 “(ii) a consortium of 2 or more of the
15 nonprofit entities described in clause (i).

16 “(B) PREFERENCES.—In awarding grants
17 under this section, the Secretary shall give pref-
18 erence to entities that—

19 “(i) demonstrate the capacity to at-
20 tract private sector or local government
21 funding to ensure fiscal sustainability;

22 “(ii) address significant health dis-
23 parities, including those identified by the
24 Secretary through other Federal programs;

1 “(iii) demonstrate coordination or col-
2 laboration across governmental and non-
3 governmental sectors;

4 “(iv) are committed to promoting full
5 transparency of all deliberations of the
6 Technical Assistance Centers and Commu-
7 nity Health Improvement Councils; and

8 “(v) are independent from government
9 and the financial self-interest of healthcare
10 and purchasers stakeholders.

11 “(3) ACTIVITIES.—Each Technical Assistance
12 Center established through a grant awarded under
13 this subsection shall—

14 “(A) establish up to 4 Community Health
15 Improvement Councils, as described in sub-
16 section (c);

17 “(B) provide technical assistance to such
18 councils, including community organizing, pub-
19 lic relations, communications, and public edu-
20 cation services, computer networking, grants
21 development, system performance monitoring,
22 opinion surveys, data management, community
23 meeting facilitation, and strategic planning;

24 “(C) partner with Federal, State, and local
25 health agencies, such as area health education

1 centers, the Agency for Healthcare Research
 2 and Quality, public health departments, and in-
 3 surance exchanges; and

4 “(D) deliver an annual performance report
 5 to the Secretary and the nonprofit entity receiv-
 6 ing the grant, containing data regarding im-
 7 provements in local and State health status,
 8 clinical outcomes, reductions in medical spend-
 9 ing growth, and health care disparities.

10 “(4) FUNDING.—

11 “(A) IN GENERAL.—Each Technical As-
 12 sistance Center established under a grant
 13 awarded under this subsection shall receive an
 14 award in an amount determined by the Sec-
 15 retary, but not to exceed \$1,500,000 per year
 16 for 3 years.

17 “(B) USE OF FUNDS.—Each such Tech-
 18 nical Assistance Center shall allocate 80 percent
 19 of the total amount awarded each year to the
 20 Community Health Improvement Councils es-
 21 tablished by such recipient under paragraph
 22 (3)(B).

23 “(c) COMMUNITY HEALTH IMPROVEMENT COUN-
 24 CILS.—In this section, ‘Community Health Improvement
 25 Council’ means a locally driven, private nonprofit entity

1 that serves as the neutral convener for engaging providers
 2 and insurers, that fully engages patients and citizens in
 3 coordinating and improving the health care delivery sys-
 4 tem through community-wide education programs to pro-
 5 mote healthier lifestyles, improve local or regional health
 6 status, clinical outcomes, and reductions in the growth in
 7 medical spending and health disparities through any of the
 8 following approaches:

9 “(1) Promotion of wellness, prevention and ex-
 10 panded public health and consumer education ef-
 11 forts.

12 “(2) Enhancement of the care delivery experi-
 13 ence through local health system infrastructure and
 14 care redesign changes such as the primary care med-
 15 ical home, accelerated information exchange imple-
 16 mentation, community-wide chronic disease manage-
 17 ment programs, and all-payer evidence-based clinical
 18 protocols.

19 “(3) Alignment of provider and consumer finan-
 20 cial incentives through accelerated payer experiments
 21 with non-fee-for-service payment arrangements and
 22 innovative consumer incentives built into the benefits
 23 design of health plans.

24 “(4) Restructuring of local health care govern-
 25 ance, such as—

1 “(A) formation of accountable care teams
2 across medical practices and institutions;

3 “(B) integration of primary care and pub-
4 lic health; and

5 “(C) integration of doctors and hospitals.

6 “(5) Track, document, and make publicly avail-
7 able, in a transparent manner, system performance
8 and improvement.

9 “(d) REPORT.—The Secretary shall submit to Con-
10 gress an annual report on the grant program under this
11 section, including both local and State progress toward im-
12 provement of health status, clinical outcomes, and reduc-
13 tions in the growth of medical spending.”.

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